

**South Carolina Department of Social Services
Office of Child Care Licensing and Regulatory Services
CONSENT TO RELEASE INFORMATION**

This serves as my consent to authorize the South Carolina Department of Social Services Office of Child Care Regulatory Services to conduct a search of the Central Registry of Child Abuse and Neglect on myself. I understand that the information may prove unfavorable to me. I agree to hold any source of information, SC DSS and its staff harmless from liability associated with the release of information I have requested using this form. I understand that all information provided on this form will be released to the individual/organization listed below. This consent is effective for a search of the Central Registry for the purpose of working in any child care facility in the State. If it appears to me that the information in the Registry has not been updated or is inaccurate, I will notify the Department immediately.

Name of Child Care Facility: _____

Name of Director/Operator: _____

Address of Facility: _____

City: _____ Zip: _____ County: _____

PLEASE PRINT OR TYPE: (COMPLETE SPELLING OF ENTIRE NAME IS REQUIRED; NO INITIALS)

Name: _____ DOB: _____ Sex: _____
(Last) (First) (Middle)

Maiden/Former Name: _____ Race: _____ SSN: _____

Current Address: _____ Previous Address: _____

Signature of Applicant **Date**

Witnessed by the Director/Operator **Date**

Submit appropriate payment and this form to your Child Care Regulatory Regional Office for processing.

Results of Search of the Central Registry of Child Abuse and Neglect

(This section to be completed by authorized DSS employee only.)

- ☐ The name is not listed as a perpetrator in the Central Registry of Child Abuse and Neglect.
- ☐ The name is listed as a perpetrator in the Central Registry of Child Abuse and Neglect. According to state law, being named as a perpetrator prohibits an individual from operating or working in a child care facility.
- ☐ Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- ☐ Other – See attached correspondence for additional information.

Central Registry Check completed by: _____
Authorized DSS Employee Date

Results of Search of the Sex Offender Registry

- ☐ Name not found in the Sex Offender Registry.
- ☐ Name found in the Sex Offender Registry.
- ☐ Written notification sent to Director/Operator.

Sex Offender Registry Check completed by: _____
Authorized DSS Employee Date